DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17719

FILED MAY 17 1944

Registration District No. 52 14 Primary Registration District No. 52 14 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Rural Johnson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5-8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lucian AuBuchon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 18 (Day) 1855 (Year)

8. AGE: Years 88 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Ste Genievieve (City, town, or county) Co. Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Basil AuBuchon
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Papin
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Noah AuBuchon
(b) Address Ellsinore Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Chapel

18. (a) Signature of funeral director Phil A Fauchel
(b) Address Van Buren Mo

19. (a) March 16-1944 (Date received local registrar) Mrs A J Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1944 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Mar. 11, 1944, to Mar 15, 1944, that I last saw him alive on Mar 11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Upper Sigmoid.	
Due to: and infirmities of age.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury 2

23. Signature Frank J Rewinski (M. D. or other) D.O
Address Van Buren, Mo. Date signed 4-22-44

1078

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 5,
District File Number 544297
Date Filed 5-15-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ 3-16-44

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.